

Sample New Account Form

New Account Information

The information required in this form is intended to comply with the minimum standards set by the National Association of Securities Dealers for establishing customer accounts.

Account Registration Information	Print Account name(s) (if corporation, add name of authorized individual)		Social Security or tax identification number					
			Social Security or tax identification number					
	Address		Phone Number (residence)					
	City	State	Zip	Phone Number (business)				
	Is Account of legal age: <input type="checkbox"/> Yes <input type="checkbox"/> No Birthdate of Account (Optional): _____							
	<input type="checkbox"/> US citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Non resident alien – state or country: _____							
	Account registration: <input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> Community Property <input type="checkbox"/> Custodian for minor <input type="checkbox"/> Corporation <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Business retirement plan <input type="checkbox"/> Qualified ERISA plan <input type="checkbox"/> Other: _____							
	Name of employer		Years employed	Type of business				
	Position		City	State Zip				
	Address of employer							
Spouse name and employer name		Years employed	Type of business					
Position								
Broker reference		Personal Reference						
Bank reference (branch and address)								
Reference verification: <input type="checkbox"/> Yes <input type="checkbox"/> No Investment experience: _____ years Manager Initials <input type="checkbox"/> Mutual funds <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Options <input type="checkbox"/> Partnerships <input type="checkbox"/> Other: _____								
Name and position of person contacted		Reference knew Account _____ years						
Papers:	Require	Received	Account licensed as a:					
Investment advisor contract	<input type="checkbox"/>	<input type="checkbox"/>	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No					
Trust documents	<input type="checkbox"/>	<input type="checkbox"/>	Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ERISA documents	<input type="checkbox"/>	<input type="checkbox"/>	Account related to <input type="checkbox"/> Yes <input type="checkbox"/> No					
Corporate resolution of authority	<input type="checkbox"/>	<input type="checkbox"/>	Registered Representative: _____ Name					
Suitability Information	Income:		Net Worth:		Investment Objectives:		Federal tax bracket:	
	<input type="checkbox"/> \$ 000,000 - \$	<input type="checkbox"/> \$ 000,000 - \$	<input type="checkbox"/> Income			_____ %		
	<input type="checkbox"/> 29,999	<input type="checkbox"/> 74,999	<input type="checkbox"/> Long term growth			State tax bracket:		
	<input type="checkbox"/> \$ 30,000 - \$	<input type="checkbox"/> \$ 75,000 - \$	<input type="checkbox"/> Speculative capital gains			_____ %		
	<input type="checkbox"/> 49,999	<input type="checkbox"/> 99,999	<input type="checkbox"/> Deferral of taxes			(MSRB rules)		
	<input type="checkbox"/> \$ 50,000 - \$	<input type="checkbox"/> \$ 100,000 - \$				<input type="checkbox"/> Short term (1- 4 years)		
	<input type="checkbox"/> 74,999	<input type="checkbox"/> 149,999				<input type="checkbox"/> Intermediate term (4 - 9 years)		
	<input type="checkbox"/> \$ 75,000 - \$	<input type="checkbox"/> \$ 150,000 - \$				<input type="checkbox"/> Long term (10+ years)		
	<input type="checkbox"/> \$149,000	<input type="checkbox"/> 249,999						
	<input type="checkbox"/> \$ 150,000 - Over	<input type="checkbox"/> \$ 250,000 - \$						
	<input type="checkbox"/> 499,999							
	<input type="checkbox"/> \$ 500,000 - \$							
	<input type="checkbox"/> 1,000,000							
I/We hereby acknowledge that I/we have read all the information on both sides of this New Account Information form and I/we have received a copy. Furthermore, I/we acknowledge that this agreement includes a pre-dispute arbitration clause that is fully set forth in paragraph 13 on the reverse side of this form.								
Signature of Account		Second Signature of Account		Date				

	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Signature of Registered Representative</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Print Registered Representative name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of OSJ Manager</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Print OSJ Manager name</td> <td style="border-bottom: 1px solid black;">Home Office approval Date</td> </tr> </table>	Signature of Registered Representative	Date	Print Registered Representative name		Signature of OSJ Manager	Date	Print OSJ Manager name	Home Office approval Date						
Signature of Registered Representative	Date														
Print Registered Representative name															
Signature of OSJ Manager	Date														
Print OSJ Manager name	Home Office approval Date														
Account Registration Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Print Account name(s)</td> <td style="width: 30%; border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address</td> <td style="border-bottom: 1px solid black;">Phone Number (residence)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Phone Number (business)</td> </tr> </table> <p> <input type="checkbox"/> New Account (COMPLETE & ATTACH A SEPARATE NEW ACCOUNT INFORMATION FORM) <input type="checkbox"/> Existing Account </p> <p> <input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> Community property <input type="checkbox"/> Custodian for minor <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Business retirement plan <input type="checkbox"/> Qualified ERISA plan <input type="checkbox"/> Other: </p>	Print Account name(s)	Social Security Number		Social Security Number	Address	Phone Number (residence)			City	State		Zip	Phone Number (business)	
Print Account name(s)	Social Security Number														
	Social Security Number														
Address	Phone Number (residence)														
City	State														
	Zip														
Phone Number (business)															
Order Instructions	<p> <input type="checkbox"/> Solicited order <input type="checkbox"/> Unsolicited order </p> <p> <input type="checkbox"/> Buy <input type="checkbox"/> Sell _____ shares or \$ _____ </p> <p> <input type="checkbox"/> Buy <input type="checkbox"/> Sell _____ shares or \$ _____ </p> <p> <input type="checkbox"/> Buy <input type="checkbox"/> Sell _____ shares or \$ _____ </p> <p> <input type="checkbox"/> Buy <input type="checkbox"/> Sell _____ shares or \$ _____ </p>														
Listed OTC Trades & Mutual Fund Wire Orders	<p> Account # _____ <input type="checkbox"/> Pershing <input type="checkbox"/> FNIC <input type="checkbox"/> Short sale <input type="checkbox"/> Long sale Location of certificates: _____ <input type="checkbox"/> Certificates received <input type="checkbox"/> Other: _____ </p> <p> Price instructions: <input type="checkbox"/> At market <input type="checkbox"/> Limit \$ _____ Optional: Order taken _____: _am/pm _____ Order Executed: _____ </p> <p style="text-align: center; font-size: small;">Name of H.O. Trader Contacted</p> <p> Phoned to Home Office: _____: _am/pm Execution price: \$ _____ </p>														
Mutual Funds	<p> Applicable when customer is entitled to a reduced price because: <input type="checkbox"/> Letter of intent dated: _____ for \$ _____ <input type="checkbox"/> Withdrawal plan <input type="checkbox"/> Right of accumulation: \$ _____ breakpoint at _____ % charge <input type="checkbox"/> Pre-authorized check plan: \$ _____ <input type="checkbox"/> BREAKPOINT SALES LETTER ATTACHED <input type="checkbox"/> SWITCH LETTER ATTACHED </p>														
Mutual Fund Exchanges	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 40%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">From</td> <td style="font-size: small;">To</td> <td style="font-size: small;">Shares or dollar amount</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Subject to sales charge <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>				From	To	Shares or dollar amount			Subject to sales charge <input type="checkbox"/> Yes <input type="checkbox"/> No					
From	To	Shares or dollar amount													
		Subject to sales charge <input type="checkbox"/> Yes <input type="checkbox"/> No													

Suitability Information (Complete for all Securities Transactions)	<div> Investment objectives: <div> <input type="checkbox"/> Income </div> <div> <input type="checkbox"/> Long Term Growth <input type="checkbox"/> Speculative Capital Gains <input type="checkbox"/> Deferral of Taxes </div> </div> <div> Municipal Bonds only: <div> <input type="checkbox"/> Short Term (1 - 4 years) <input type="checkbox"/> Intermediate Term (4 - 9 years) <input type="checkbox"/> Long Term (10 + years) </div> </div> <div> Income: \$ _____ Net Worth: \$ _____ <small>(excluding home)</small> Federal Tax Bracket: _____ % <small>(MSRB Rules)</small> </div>		
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Source of funds:

☐ \$ _____ Savings
☐ Yes ☐ No
☐ \$ _____ from sale or liquidation
of shares of _____

Investment advisory client: _____
☐ SWITCH LETTER

ATTACHED
☐ Other: _____